

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF CALIFORNIA		PROOF OF CLAIM
Name of Debtor: Umoz Ogbonnaya Umozurike and Uloma Muko Umozurike	Case Number: 08-47290 J	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): IndyMac Federal Bank FSB	<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: <i>(If known)</i>	
Name and address where notices should be sent: McCarthy Holthus, LLP 1770 Fourth Avenue San Diego, CA 92101	Filed on:	
Telephone number: (619) 685-4800		
Name and address where payment should be sent (if different from above): IndyMac Federal Bank FSB Mail Code:KZ-02-01, 6900 Beatrice Drive Kalamazoo, MI 49009	<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach a copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
Telephone number:		
1. Amount of Claim as of Date Case Filed: *\$ 76,288.76	5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.	
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.	Specify the priority of the claim.	
If all or part of your claim is entitled to priority, complete item 5.	<input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).	
<input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attached itemized statement of interest of charges.	<input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier – 11 U.S.C. §507 (a)(4).	
2. Basis for Claim: Money Loaned, Real Property (See instruction #2 on reverse side.)	<input type="checkbox"/> Contributions to an employee benefit plan – 11 U.S.C. §507 (a)(5).	
3. Last four digits of any number by which creditor identifies debtor: 2082/ CA08-44086	<input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use – 11 U.S.C. §507 (a)(7).	
3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)	<input type="checkbox"/> Taxes or penalties owed to governmental units – 11 U.S.C. §507 (a)(8).	
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.	<input type="checkbox"/> Other – Specify applicable paragraph of 11 U.S.C. §507 (a)(__).	
Nature of property or right of setoff: <input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: 5559 Sunview Court Antioch CA 94531	Amount entitled to priority: \$ _____	
Value of Property: \$ _____ Annual Interest Rate: %		
Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ 0.00 Basis for perfection: <u>Deed of Trust</u>		
Amount of Secured Claim: *\$ 76,288.76 Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)	<i>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</i>	
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.		
If the documents are not available, please explain:		
Date: 1/14/2009	/s/ Kristin A. Schuler-Hintz Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.	FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Unpaid Principal Balance: \$ 76,288.76

Total Arrearage: \$ 0.00

Total UPB and Arrearage: *\$ 76,288.76

CERTIFICATE OF SERVICE

On January 14, 2009, I served the foregoing **Proof of Claim** on the following individuals by electronic means through the Court's ECF program:

COUNSEL FOR DEBTORS

Patrick L. Forte

plforte@sonic.net

TRUSTEE

Martha G. Bronitsky

13trustee@oak13.com

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

/s/ Cretu Andrade

On January 14, 2009, I served the foregoing **Proof of Claim** on the following individuals by depositing true copies thereof in the United States mail at San Diego, California, enclosed in a sealed envelope, with postage paid, addressed as follows:

DEBTORS

Umoz Ogbonnaya Umozurike

Uloma Muko Umozurike

5559 Sunview Court

Antioch CA 94531

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

/s/ Nancy Yang

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF CALIFORNIA

In re: **Umoz Ogbonnaya Umozurike**
Uloma Muko Umozurike

Case No.

08-47290

CHAPTER 13 PLAN

Debtor(s).

1. The future earnings of the debtor(s) are submitted to the supervision and control of the trustee, and the debtor(s) will pay to the Trustee the sum of \$800.00 each month for 60 months.
 Debtor(s) elect a voluntary wage order. _____.
2. From the payments received, the Trustee will make disbursements in accordance with the Distribution Guidelines as follows:
 - (a) On allowed claims for expenses of administration required by 11 USC §507.
 - (b) On allowed secured claims, which shall be treated and valued as follows:

§506	Non §506 Name -NONE-	Value of Collateral	Pre-confirmation	Post	Estimated
			Claim Amount	Adequate Protection	confirmation Payments

With respect to secured claims per §506, valuation stated shall bind unless a timely objection to confirmation is filed. With respect to non §506 secured claims as referenced in §1325, the claim, to the extent allowed, shall control. If an interest rate is not specified, 5/6% per month (10% per annum) will be paid. A secured creditor shall retain its lien until the earlier of the payment of the underlying debt determined under non-bankruptcy law or discharge under section §1328.

- (c) On allowed priority unsecured claims in the order prescribed by 11 USC § 507. Priority claims shall be paid in full except to the extent allowed otherwise under 11 U.S.C. § 1322(a)(4).
- (d) On allowed general unsecured claims the debtor(s) estimate(s) the general unsecured claims will be paid Pro Tanto %.
3. The following executory contracts are rejected. The debtor(s) waive the protections of the automatic stay provided in 11 U.S.C. § 362 to enable the affected creditor to obtain possession and dispose of its collateral without further order of the court. Any allowed unsecured claim for damages resulting from rejection will be paid under paragraph 2(d).
-NONE-
4. The debtor(s) will pay directly the following fully secured creditors and lessors:

	Monthly Payment
Countrywide Home Loans	3,600.00
IndyMac Bank	N/A
Toyota Motor Credit	417.00
5. The date this case was confirmed will be the effective date of the plan.
6. The debtor(s) elect to have property of the estate revert in the debtor(s) upon plan confirmation. Once the property reverts, the debtor(s) may sell or refinance real or personal property without further order of the court, upon approval of the Chapter 13 Trustee.
7. The debtor(s) further propose pursuant to 11 USC § 1322(b): (1) In the event a secured creditor obtains relief from stay, that creditor's claim shall be classified as an unsecured claim from and after the date creditor recovers possession; (2) The real property located at 3493 Summit Way, Antioch, CA shall be surrendered to Washington Mutual, Washington Mutual and the Contra Costa County Tax Collector; (3) The 2009 Toyota Camry is to be paid directly; (4) The student loan is to be paid directly to the US Dept. of Education; (5) Debtors shall strip the lien of IndyMac Bank which shall be discharged as an unsecured claim upon the completion of the plan.

Dated: December 9, 2008

/s/ Umoz Ogbonnaya Umozurike

(Debtor)

/s/ Uloma Muko Umozurike

(Debtor)

I/We Patrick L. Forte am/are legal counsel for the above named debtor(s) and hereby certify that the foregoing Chapter 13 Plan is a verbatim replica of this N.D. Cal., Oakland Division Model Chapter 13 Plan (October 2005), promulgated pursuant to B.L.R. 1007-1.

/s/ Patrick L. Forte

Attorney for Debtor(s)

In re **Umoz Ogbonnaya Umozurike**
Uloma Muko Umozurike

Case No. _____

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): Children	AGE(S): 14, 11, 8
Employment:*	DEBTOR	SPOUSE
Occupation	Claims Representative	Registered Nurse
Name of Employer	Employment Development Dept.	Children's Hospital
How long employed	Sixteen (16) years	Ten (10) years
Address of Employer	P.O. Box 12906 Oakland, CA 94604	747 - 52nd St. Oakland, CA 94609

*See Attachment for Additional Employment Information

INCOME: (Estimate of average or projected monthly income at time case filed)

1. Monthly gross wages, salary, and commissions (Prorate if not paid monthly)
2. Estimate monthly overtime

DEBTOR	SPOUSE
\$ 4,256.00	\$ 6,638.00
\$ 0.00	\$ 0.00

3. SUBTOTAL

\$ 4,256.00	\$ 6,638.00
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4. LESS PAYROLL DEDUCTIONS

a. Payroll taxes and social security
b. Insurance
c. Union dues
d. Other (Specify):

DEBTOR	SPOUSE
\$ 1,708.00	\$ 2,448.00
\$ 0.00	\$ 0.00

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$ 1,708.00	\$ 2,448.00
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6. TOTAL NET MONTHLY TAKE HOME PAY

\$ 2,548.00	\$ 4,190.00
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7. Regular income from operation of business or profession or farm (Attach detailed statement)
8. Income from real property
9. Interest and dividends
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above
11. Social security or government assistance

DEBTOR	SPOUSE
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00

(Specify):

\$ 0.00	\$ 0.00
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12. Pension or retirement income

\$ 0.00	\$ 0.00
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13. Other monthly income
(Specify): **Sutter Delta Medical Center**

DEBTOR	SPOUSE
\$ 0.00	\$ 2,803.00
\$ 0.00	\$ 0.00

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 0.00	\$ 2,803.00
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15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ 2,548.00	\$ 6,993.00
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16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15)

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

\$ 9,541.00

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

In re Umoz Ogbonnaya Umozurike
Uloma Muko Umozurike

Case No. _____

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)
Attachment for Additional Employment Information

Spouse	
Occupation	Registered Nurse
Name of Employer	Sutter Delta Medical Center
How long employed	Two (2) years, nine (9) months
Address of Employer	3901 Lone Tree Way Antioch, CA 94509

In re **Umoz Ogbonnaya Umozurike**
Uloma Muko Umozurike

Case No. _____

Debtor(s)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)		\$ 3,600.00
a. Are real estate taxes included?	Yes <u> </u>	No <u>X</u>
b. Is property insurance included?	Yes <u> </u>	No <u>X</u>
2. Utilities:		
a. Electricity and heating fuel		\$ 390.00
b. Water and sewer		\$ 80.00
c. Telephone		\$ 0.00
d. Other <u>See Detailed Expense Attachment</u>		\$ 166.00
3. Home maintenance (repairs and upkeep)		\$ 30.00
4. Food		\$ 915.00
5. Clothing		\$ 150.00
6. Laundry and dry cleaning		\$ 30.00
7. Medical and dental expenses		\$ 40.00
8. Transportation (not including car payments)		\$ 750.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.		\$ 100.00
10. Charitable contributions		\$ 60.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's		\$ 100.00
b. Life		\$ 319.00
c. Health		\$ 0.00
d. Auto		\$ 227.00
e. Other		\$ 0.00
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify) <u>Property taxes</u>		\$ 667.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto		\$ 417.00
b. Other <u>Student Loan</u>		\$ 300.00
c. Other		\$ 0.00
14. Alimony, maintenance, and support paid to others		\$ 0.00
15. Payments for support of additional dependents not living at your home		\$ 0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)		\$ 0.00
17. Other <u>Cell phone</u>		\$ 200.00
Other <u>Grooming</u>		\$ 200.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)		\$ 8,741.00
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 15 of Schedule I		\$ 9,541.00
b. Average monthly expenses from Line 18 above		\$ 8,741.00
c. Monthly net income (a. minus b.)		\$ 800.00

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)
Detailed Expense Attachment**Other Utility Expenditures:**

<u>Garbage</u>	\$	<u>36.00</u>
<u>Cable, telephone, internet</u>	\$	<u>130.00</u>
Total Other Utility Expenditures	\$	166.00